



INVITATION TO BID NO: 2215024      ADDENDUM NO: 01

STATE OF ALABAMA  
DEPARTMENT OF FINANCE  
DIVISION OF PURCHASING

INVITATION TO BID ADDENDUM

FOR:      AERIAL PHOTOGRAPHY/AML/184212

REQ. AGENCY                   : 013000  
                                  DEPT OF INDUSTRIAL RELATIONS  
AGENCY REQ. NO.           : 184212  
T-NUMBER                    :  
DATE ISSUED                : 12/09/09  
VENDOR NO.                 :  
VENDOR PHONE NO.         :  
SNAP REQ. NO.             : 1433003  
BUYER NAME                : CRIST WATTS  
BUYER PHONE NO.          : (334) 242-4291

BID MUST BE RECEIVED BEFORE:  
DATE: 01/05/10   TIME: 5:00 PM

BIDS WILL BE PUBLICLY OPENED:  
DATE: 01/06/10   TIME: 10:00 AM

PLEASE READ ALL INSTRUCTIONS CAREFULLY

THE FOLLOWING CHANGES ARE HEREBY ADDED TO AND MADE A PART OF  
(INVITATION TO BID NUMBER 2215024    )

PLEASE NOTE: PER ITEM 1.2 OF THE SPECIFICATIONS, A MANDATORY PRE-BID  
CONFERENCE WILL BE HELD AS FOLLOWS:

DATE:      DECEMBER 22, 2009  
TIME:      10:00 AM  
PLACE:     ALABAMA DEPARTMENT OF INDUSTRIAL RELATIONS  
            ABANDONED MINE LAND RECLAMATION OFFICE  
            11 W. OXMOOR ROAD, SUITE 100  
            BIRMINGHAM, AL 35209

CONTACT: MICHEAL VINSON, PHONE: 205 945-8671

FAILURE TO ATTEND THIS MANDATORY PRE BID CONFERENCE WILL RESULT IN THE  
REJECTION OF YOUR BID. DUE TO THE MANDATORY PRE-BID CONFERENCE, PLEASE  
NOTE THE REVISED BID OPENING DATE AND BID RETURN DATE.

NOTE: THE BID COPY REQUIREMENT ON PAGE 2 ITEM 7 OF THE ITB. FAILURE TO  
SUBMIT THE REQUIRED COPY WILL RESULT IN THE REJECTION OF YOUR BID.

THIS ADDENDUM MUST BE SIGNED AND RETURNED WITH YOUR BID AND BID COPY OR  
YOUR BID WILL BE REJECTED.

CAW

\* \* \* \* \*      END OF ADDENDUM      \* \* \* \* \*

#### STATEMENT OF UNDERSTANDING

I UNDERSTAND THE ADDENDUM AND THAT IT MUST BE SIGNED IN INK AND RETURNED  
(UNLESS INDICATED OTHERWISE) WITH THE BID OR SEPARATELY, PROPERLY IDENTIFIED AND  
RECEIVED PRIOR TO DATE AND TIME SPECIFIED.

ADDENDUM NOTARIZATION  
NOT REQUIRED

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
AUTHORIZED SIGNATURE (INK)

\_\_\_\_\_  
MAIL ADDRESS

\_\_\_\_\_  
TYPE/PRINT AUTHORIZED NAME

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
PHONE INCLUDING AREA CODE